									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								D 2003-1841A						
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									ENTITY	OR		THAN ENTITY		
T	OTAL CLAIMS	;	4				Ì	RATE	FEE	רט"	RATE	FEE		
FOR .			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC F	EE 385.00	OR				
TOTAL CHARGEABLE CLAIMS			4 minus 20=		-			X\$ 9=		OR	No.			
INDEPENDENT CLAIMS .			, minus 3 =		• ~			X43=	-	1	Voc	-		
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT	•		.0.			10.	OR				
• 1	f the difference	e in column 1 is	less than zero, enter "0" in column 2					+145= TOTAL		OR	L	770		
	CLAIMS AS AMENDED - PART II								· ——	1 _{ov}	OTHER	770		
	(Column 1) (Column 2) (Co							SMALI	L ENTITY	OR	SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4	Minus	- U		=		X\$ 9=		OR	X\$18=			
	Independent	•	Minus		<i>[</i>	• /		X43=		OR	X86=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	1				
·								+145=		OR	+290= TOTAL			
(Column 4)									ADDIT. FEE OR ADDIT. FEE					
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4	Minus	- 2	0	. —		X\$ 9=	1.	OR	X\$18=			
	Ind pendent	• /	Minus	***	3			X43≈	-		X86=			
	FIRST PRESE	NTATION OF ML	LTIPLE DEF	PENDENT	CLAIM		ŀ			OR				
		L	+145=		OR	+290=								
		A	TOTAL DDIT. FEE		OR ,	TOTAL VODIT. FEE								
		(Column 1)		(Colum		(Column 3)		•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	r	X\$ 9=		OR	X\$18=			
	Independent		Minus	***		9	H	X43=			X86=	——		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·	^ ~		OR	₩			
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.														
	I the "Highest Nur I the "Highest Nur	nber Previously Pai mber Previously Pa	d For IN THIS	S SPACE IS I	ess than	20, enter "20."		TOTAL DOTT. FEE	لسب		TOTAL DOIT, FEEL			
1	The "Highest Num	ber Previously Paid	For* (Total or	Independen	i) is the i	righest number	foun	d in the ap	propriate box	in colu	መስ 1.			
			•					· .			·	I		